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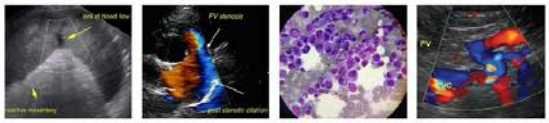

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Marshall Powell

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

5 Years 7 Months

WEIGHT

126 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Aspen Animal Wellness

REFERRING VET

INVOICE

26094

DATE

10/5/21

PRESENTING CLINICAL SIGNS

Weight 126.4 pounds BCS5 4 - Overweight Temp 103.1 Pulse 108 Resp pant Muc Memb Pink/Healthy CRT <2 sec Pain 0 - No Visible Pain Alert BAR Chief Concern/Provisional Diagnosis: History of persistent azotemia and unexplained weight loss. History/PE: Littermate and housemate was euthanized due to lymphoma 8/4/2021. Pet was acting abnormally, hiding and not as social afterward. He also lost 10# in the face of normal appetite. Mild azotemia was found at the time which has persisted. Pet has gained some weight back in the last few weeks (4#) and is acting better. Not pu/pd. Summary of Lab abnormalities: Beginning August 12, 2021 SDMA has been persistently elevated (19), creatinine has ranged from 1.9-2.2. USG has been 1.030-1.031 with inactive sediment. Urine c&s negative Lepto PCR negative Radiographic abnormalities: chest and abdominal rads - nsf Current meds: (include date started on meds) DIRECTIONS ITEM DESCRIPTION Feed 4.5 cups per day in divided meals. Place order by Tuesday for Friday pickup. verified by tri/mw PD Canine k/d +Mobility Chicken 18.7# Any other pertinent medical history? conjunctivitis OS presently

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.15 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.05 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.38 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.60 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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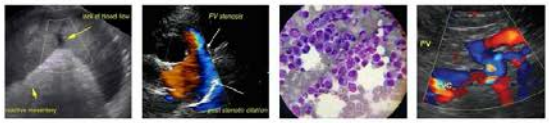

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.4 cm. Jejunum wall measured 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mildly prominent mesenteric lymph nodes noted. Sublumbar lymph node measured 1.09 cm, and a cranial mesenteric lymph node measured 0.95 cm.

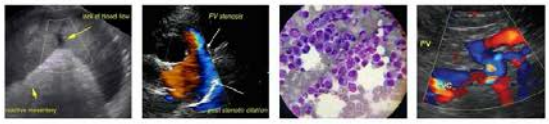
ULTRASONOGRAPHIC FINDINGS

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan were very mild and relatively normal. An obvious cause for the fever, azotemia and weight loss was not identified. Consider:

- An ACTH stimulation test, as both adrenals are normal/slightly small
- Urine protein/creatinine ratio to look for evidence of proteinuria
- If not already done, vector borne disease testing through NC State's vector borne disease panel to look for tick borne disease, bartonella, babesia, etc.
- If no cause for the fever can be identified (no new heart murmur, no joint pain, no LS pain, etc.), then consider joint taps to look for inflammation despite no significant effusion, as this can



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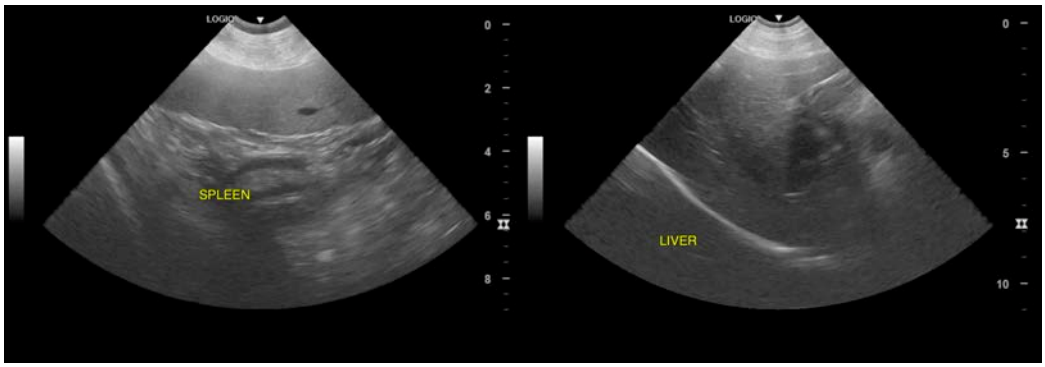
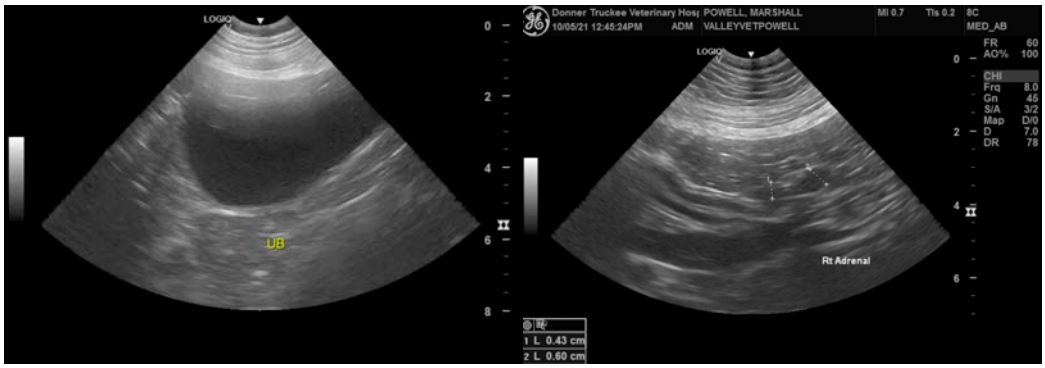
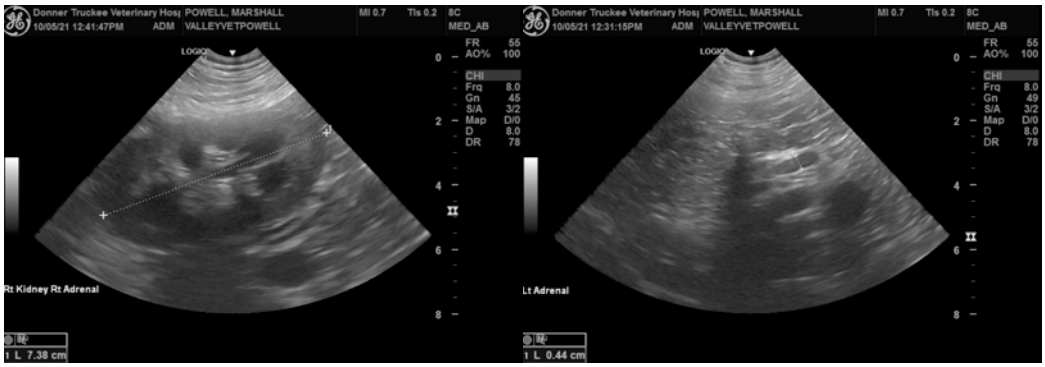
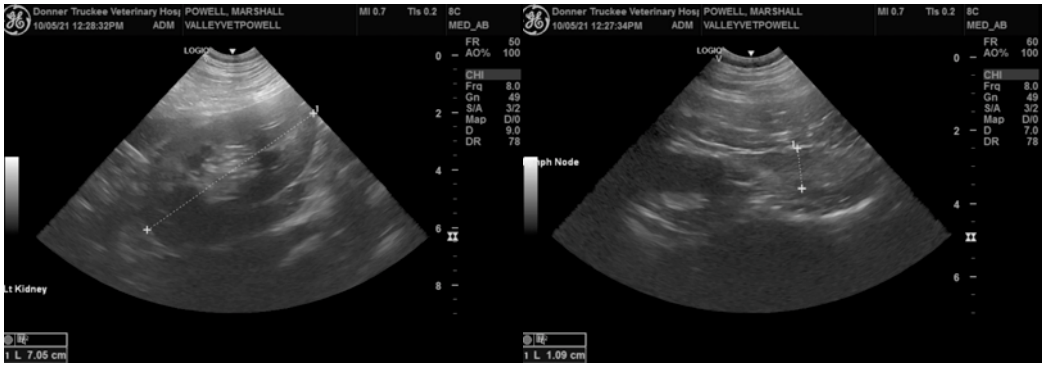
sometimes be rewarding in identifying underlying inflammatory/other immune conditions.









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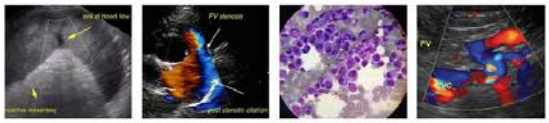

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com